

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

SUSAN B ANTHONY LIST INC

(b) Address (number and street) ☐ check if different than previously reported

1800 NORTH KENT ST STE 1070

(c) City, State and ZIP Code

ARLINGTON

VA

22209

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C C30000921

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 8

through

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

(b) Communication Title Party

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: Non-Qualified Corp

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Marjorie Dannenfelser

(b) Address (number and street)

1800 N Kent St, Ste 1070

(c) City, State and ZIP Code

Arlington

VA

22209

(d) Name of Employer or Principal Place of Business

Susan B. Anthony List, Inc

(e) Occupation

President

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

19215.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Emily Buchanan

SIGNATURE Electronically Filed by Emily Buchanan

DATE 10/01/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

**List of Person(s) Sharing/Exercising Control**

(use additional pages as necessary)

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**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name	<b>Transaction ID :</b> F91.000001	
	Emily Buchanan		
	(b) Address (number and street)		
	1800 N Kent St, Ste 1070		
	(c) City, State and Zip Code		
	Arlington	VA	22209
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	Susan B. Anthony List, Inc	Executive Director	

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Bright Media				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 9 / 2 8 / 2 0 0 8</span> </div> </div>			
Mailing Address of Payee 2109 Huidekoper Place				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">         3000.00       </div>			
City Washington		State DC		Zip Code 20007		Communication Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> </div>	
Name of Employer Ad Production		Occupation		<b>Transaction ID :</b> F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) Party							
Name of Federal Candidate Jeanne Shaheen		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NH District:		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000004		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

  

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Crossroads Media				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 9 / 2 8 / 2 0 0 8</span> </div> </div>			
Mailing Address of Payee 66 Canal Center Plaza, Ste. 555				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">         8107.50       </div>			
City Alexandria		State VA		Zip Code 22314		Communication Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> </div>	
Name of Employer Ad Placement		Occupation		<b>Transaction ID :</b> F93.000002			
Purpose of Disbursement (including title(s) of communication(s)) Party							
Name of Federal Candidate Jeanne Shaheen		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NH District:		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000005		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

  

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">         11107.50       </div>
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

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<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Crossroads Media				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 8</div> </div>			
Mailing Address of Payee 66 Canal Center Plaza, Ste. 555				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8107.50</div>			
City Alexandria		State VA		Zip Code 22314		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y</div> </div>	
Name of Employer Ad Placement		Occupation		<b>Transaction ID :</b> F93.000003			
Purpose of Disbursement (including title(s) of communication(s)) Party							
Name of Federal Candidate Jeanne Shaheen		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NH District: _____		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000006		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

**SUBTOTAL** of Disbursement/Obligation This Page (optional) .....

8107.50

**TOTAL** This Period (last page this line number only) .....  
 (carry total from last page to line 10)

19215.00